

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER 03-18	2. STATE: ILLINOIS
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: October 1, 2003

5. TYPE OF PLAN MATERIAL (Check One)

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42CFR 435.222(b)(1) Section 1902(a)(10)(A)(ii)(VIII) of the Social Security Act	7. FEDERAL BUDGET IMPACT a. FFY 2003 \$ \$0 b. FFY 2004 \$ \$360,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 8A to Attachment 2.6-A, Page 3	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 8A to Attachment 2.6-A, Page 3

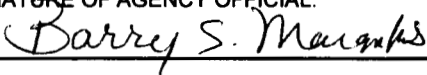
10. SUBJECT OF AMENDMENT:

Receiving Increased FFP for DCFS Children


11. GOVERNOR'S REVIEW (Check One)

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:
Not submitted for review by prior approval.

12. SIGNATURE OF AGENCY OFFICIAL: 	16. RETURN TO: ILLINOIS DEPARTMENT OF PUBLIC AID 201 SOUTH GRAND AVENUE, EAST 3 rd Floor SPRINGFIELD, IL. 62763-0001 ATTENTION: Jane Longo
13. TYPED NAME: Barry S. Maram	
14. TITLE: DIRECTOR	
15. DATE SUBMITTED December 24, 2003	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 12-24-03	18. DATE APPROVED: 3/3/04
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Cheryl A. Harris	22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health
23. REMARKS:	

RECEIVED

Revision: HCFA-PM-91-4 (BPD)
JANUARY 2000

SUPPLEMENT 8A TO ATTACHMENT 2.6-A
Page 3
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ILLINOIS

MORE LIBERAL METHODS OF TREATING INCOME AND RESOURCES
UNDER SECTION 1902(r)(2) OF THE ACT*

☒ Section 1902(f) State

☐ Non-Section 1902(f) State

6. For the medically needy aged, blind and disabled program, the State will disregard countable earned or unearned income equal to the difference between the income eligibility standard established under Section 1902(M)(1) of the Act and the State's medically needy income eligibility standard for the appropriate family size.
7. For children covered under Section 1902(a)(10)(A)(ii)(VIII) of the Act, the State will disregard all income and resources.
8. For children covered under 42 CFR 435.222(b)(1), the State will disregard all income resources.

TN No. 03-18
Supersedes
TN No. 01-06

Approval Date _____

Effective Date 10-01-03

HCFA ID: 7985E